

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2011	
NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 6450 MIAMI CIRCLE SOUTH BEND, IN46614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/08/11</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Southfield Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The building was constructed in 2000 and is adjacent to an assisted living unit and separated by a two hour rated fire wall. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 60 and had a census of 56 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0054 SS=E	<p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>Based on observation and interview, the facility failed to ensure 2 of more than 50 smoke detectors in the facility were installed where air flow would not adversely affect their operation. LSC 9.6.1.3 says the provisions of 9.6 cover the basic functions of a complete fire alarm system. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could effect residents in and near the 100 and 300 corridor smoke detectors, including staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the</p>			K0054	<p>The affected smoke detectors were moved away from air supply ducts to provide an area of 30 inches or greater on 9/22/11. All other smoke detectors were checked to ensure proper clearance from supply ducts.</p>		09/22/2011

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K0144 SS=F	maintenance supervisor on 09/08/11 between 3:10 p.m. and 4:00 p.m., smoke detectors in the 100 hall near the activity room and 300 hall near resident room 304 were located within two feet of an air supply duct. This was acknowledged by the maintenance supervisor at the times of observation. 3.19(b)						
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with remote manual stops. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency			K0144	Horsepower rating on the Onan generator was verified and was added to the weekly test log. A remote shut off device, or emergency stop switch, was contracted to be installed by Garman Electric and inspected and tested by Cummins Crosspoint after installation. The work is scheduled to be completed no later than 10/8/2011.		10/08/2011

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	<p>and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the Generator Maintenance records on 09/08/11 at 2:50 p.m. with the maintenance supervisor, there was no documentation available which indicated the horsepower rating of the generator engine provided.</p>						

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	Based on interview with the maintenance supervisor during record review, he stated no remote shut off device existed for the generator. The maintenance supervisor indicated the generator was installed before 2003. 3.1-19(b)						